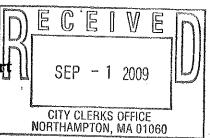


# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance



File	with

City or Town Clerk or Election Commission

Candidate signature (in ink)

Please print or type all information, except signatures.

Fill in dates: Month Date Year Month Reporting Period Beginning Ganthay 1 2009 Ending AUCO	- · · · · · · · · · · · · · · · · · · ·
Type of report: (Check one)  M8th day preceding preliminary   8th day preceding election   30 day after election	on Dyear-end report Ddissolution
Full Name of Candidate (if applicable) WARD  NORTHAMPTON CITY COUNCIL 6  Office Sought and District  Name of Council 698-WESTHAM	mmittee Treasurer  MPTON RO  Mailing Address  MASS OIOLO  Tel No (optional)
SUMMARY BALANCE INFORMATIO	N:
Line 1: Ending balance from previous report	\$ 2363.55
Line 2: Total receipts this period (page 2, line 11)	\$ 130 100 130,97
Line 3: Subtotal (line 1 plus line 2)	\$ 2494 30 2494,32
Line 4: Total expenditures this period (page 3, line 14)	\$ 130,00
Line 5: Ending balance (line 3 minus line 4)	\$ 2364.32
Line 6: Total in-kind contributions this period (page 4)	\$ 0
Line 7: Total (all) outstanding liabilities (page 4)	\$ 0
Line 8: Name of bank(s) used NORTHANDON CO.	- OPERATION BANK
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and I finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance wi Signed under the penalties of perjury:  Treasurer's signature (in ink)	liabilities for this reporting period and represents the
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST	ST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and it finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the recontributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filing separate report. I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and it finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and I campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the surface of perjury:	pelief, a true and complete statement of all campaign iabilities for this reporting period and represents the ith the requirements of M.G.L. c. 55.
1 huarre J. Laburg	9-1-09
Candidate signature (in ink)	Date

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only limite those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

minber on each page.

Date Received	Name and Residential Address (alphabetical listing required)		unt	(for contributions of \$200 or more)	
	COMMITTEE 70 Elect			REIMBURTMENT FOR	
8-17-07	MICHAEL BAROSLEY	130	00	HALL	
	·				
		1			
	•				
Line 9: T	Total receipts in excess of \$50 (or listed above)	130	00		
Line 10: 7	Total receipts \$50 and under* (not listed above)		22	130.77	
	TOTAL RECEIPTS IN THE PERIOD	130	00	Enter on page 1, line 2	

<sup>•</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
2/23/09	FLORENCE V.F.W.	FLORENCE	HALL ROMTAL	/30	ပဝ
· · .					
			₩ 37 A		4
				-	
	•				
	· · · · · · · · · · · · · · · · · · ·	Line 12:	Expenditures over \$50	130	00
		Line 13:	Expenditures \$50 and under*		
	Enter on page 1, line 4	Line 14	TOTAL EXPENDITURES	130	00

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				<u> </u>
•				
		<u></u>		
		•		
- "		T: 15.	In 1-ind over \$50	
	-		In-kind over \$50 In-kind \$50 and under	-
		<del></del>		
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			_	
-				
·- <u> </u>	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4